

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> 10/018871	<small>FILING DATE</small> 				
							<small>APPLICANT(S)</small> 					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
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